

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005490	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/01/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS AT LINCOLN	STREET ADDRESS, CITY, STATE, ZIP CODE 2202 NORTH KICKAPOO STREET LINCOLN, IL 62656
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S 000 Initial Comments

Complaint Investigation #1922761/111370

Complaint Investigation #1922797/111410

Complaint Investigation #1922866/111480

Complaint Investigation #1922905/111529

Complaint Investigation #1922911/111535

Complaint Investigation #1923044/111692

S 000

S9999 Final Observations

Statement of Licensure Violations:

(1 of 2)

300.1210b)
300.1210d)6)
300.3240a)

S9999

Section 300.1210 General Requirements for Nursing and Personal Care

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

05/24/19

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005490	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/01/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS AT LINCOLN	STREET ADDRESS, CITY, STATE, ZIP CODE 2202 NORTH KICKAPOO STREET LINCOLN, IL 62656
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a)An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident (Section 2-107 of the Act)</p> <p>These requirements were not met evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to safely transfer one of three residents (R12) reviewed for resident injury on the sample of 26. This failure resulted in R12 sustaining a forehead laceration and a left ear laceration requiring emergency care for sutures.</p> <p>Findings include:</p> <p>On 4/24/19 at 10:33 AM, R12 was sitting in the dining room. R12 had a sutured laceration above the left eyebrow. R12 had bruising under the left eye and a laceration to the left ear.</p> <p>R12's Emergency Room report dated 4/21/19 at 8:26 AM documents R12 presented to the Emergency Department after a fall from the mechanical lift, approximately four feet off the ground. This report documents R12 has a four-centimeter laceration to the left forehead which required 13 sutures and a one-centimeter laceration to the left ear which required two</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005490	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/01/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS AT LINCOLN	STREET ADDRESS, CITY, STATE, ZIP CODE 2202 NORTH KICKAPOO STREET LINCOLN, IL 62656
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>sutures.</p> <p>On 4/24/19 at 10:25 AM, V5 LPN stated V5 was called into R12's room on 4/21/19 at 6:30 AM. R12 was face down on the floor at the base of the mechanical lift. V5 stated "there was lots of blood on the floor". V5 stated V5 rolled R12 over and R12 had a huge laceration on the forehead. V5 stated V5 put gauze over the laceration. V5 stated V7 Certified Nurse's Assistant (CNA) was unsure how but during a transfer R12 came out of the mechanical lift sling and fell onto the floor. V5 stated V7 had attempted to transfer R12 by herself. V5 stated there is always supposed to be two staff when doing a mechanical lift transfer.</p> <p>The facility's Final Report dated 4/26/19 documents, "Staff (V7 CNA) was interviewed regarding incident. CNA was transferring resident using mechanical lift. As per staff CNA placed sling under (R12), rolled the lift to the (R12's) bedside and placed it so that overhead bar is directly over the (R12). While attaching sling loops properly to mechanical lift, (V7) did need to instruct (R12) not to touch them as (R12) was trying to help. (V7) started to raise (R12) in the sling and right bottom loop came undone and (R12) started to slip out. (V7) attempted to catch (R12) but was unable to do so. (V7) immediately called for help and (V5) responded."</p> <p>On 5/01/19 at 1:41 PM, V7 CNA stated on 4/21/19 at 6:30 AM, V7 put the mechanical lift sling under R12. V7 denied hooking the sling loops to the mechanical lift as documented on the facility's Final Report dated 4/26/19. V7 stated V7 was the only staff person in the room and R12 offered to help and R12 attached the sling loops to the mechanical lift. V7 stated R12 would</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005490	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/01/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS AT LINCOLN	STREET ADDRESS, CITY, STATE, ZIP CODE 2202 NORTH KICKAPOO STREET LINCOLN, IL 62656
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>attach the sling loops to the mechanical lift "all the time." V7 denied checking the loops and denied instructing R12 to not touch the loops to the mechanical lift as per the facility's report. V7 stated V7 was the only staff person in the room. V7 stated there is supposed to be two staff to do a mechanical lift. V7 stated V7 did not ask another staff member to come into the room to help because the nurses get mad at the CNAs when they go into the rooms together. V7 stated the CNAs have to do mechanical lifts by themselves all the time. V7 stated when V7 raised the mechanical lift, V7 thinks one of the loops came undone and then R12 fell out of the sling onto the floor. V7 also denied trying to catch R12. V7 stated R12's head hit where the legs split on the mechanical lift.</p> <p>On 4/30/19 at 5:00 PM, V11 (R12's physician) stated R12's laceration were caused by a fall from the mechanical lift on 4/21/19. V11 stated V11 expects two staff to operate the mechanical lift for safety.</p> <p style="text-align: center;">(B)</p> <p>(2 of 2)</p> <p>300.620g)h) 300.1210b) 300.3240a)</p> <p>Section 300.620 Admission, Retention and Discharge Policies</p> <p>g) A facility shall not refuse to discharge or</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005490	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/01/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS AT LINCOLN	STREET ADDRESS, CITY, STATE, ZIP CODE 2202 NORTH KICKAPOO STREET LINCOLN, IL 62656
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>transfer a resident when requested to do so by the resident or, if the resident is incompetent, by the resident's guardian.</p> <p>h) If a resident insists on being discharged and is discharged against medical advice, the facts involved in the situation shall be fully documented in the resident's clinical record.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a)An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident (Section 2-107 of the Act)</p> <p>These requirements are not met evidenced by:</p> <p>Based on interview, and record review, the facility failed to discharge a resident according to physician's orders for one of three residents (R3) reviewed for discharge in the sample of 26. This failure resulted in R3 being depressed and crying over missing the death of his significant other.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005490	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/01/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS AT LINCOLN	STREET ADDRESS, CITY, STATE, ZIP CODE 2202 NORTH KICKAPOO STREET LINCOLN, IL 62656
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 5</p> <p>Also, the facility failed to ensure a resident's choice to discharge home was honored for (R3) reviewed for discharge in the sample of 26. This failure resulted in R2 arranging his own transportation and leaving the facility AMA (Against Medical Advice) causing R3 emotional distress for not getting home in time before losing his dying significant other.</p> <p>Findings include:</p> <p>R3's Social Service note, dated 11/12/18, documents, "R3 is a new admit from an acute care facility. He is alert and orientated and able to voice his needs. He has a history of a right ankle fracture and requires extensive assistance with ADLS (Activities of Daily Living) and ambulates by wheelchair. R3 was previously receiving disability income. He is a full code with limited treatment and responsible for self. He uses oxygen, Bi-Pap, nebulizer, and is diabetic. R3 reports he has oxygen concentrator, Bi-Pap, Bariatric Walker, Cane, Life Alert already in place at home. He had skilled Nursing two times week and a home health Aide six hours a week through Home health. He is receiving skilled therapy currently. R3 previously lived in an apartment with his girlfriend. He would like to discharge to home with services resuming."</p> <p>R3's MDS (Minimum Data Set), dated 11/18/18, documents in Section C Cognitive Patterns that R3 has a BIMS (Brief Interview for Mental Status) score of 15 (cognitively intact), and in Section Q Participation in Assessment and Goal Setting that R3 expects to be discharged to the community but no active discharge plan is in place.</p> <p>R3's Social Service note, dated 12/19/18,</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005490	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/01/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS AT LINCOLN	STREET ADDRESS, CITY, STATE, ZIP CODE 2202 NORTH KICKAPOO STREET LINCOLN, IL 62656
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>documents, "R3 is alert and orientated and able to voice needs. He is a full code with limited treatment and responsible for self. He uses oxygen, Bi-Pap, Nebulizer, and is diabetic. R3 reports he has oxygen concentrator, Bi-Pap, Bariatric Walker, Cane, Life Alert, grab bars, and ramp already in place at home. He reports has a new powered wheelchair being delivered. He had skilled Nursing two times a week and a home health Aide six hours a week through Home health. R3 is receiving skilled therapy currently. R3 previously lived in a home with his girlfriend. R3 would like to discharge to home with services resuming. He would need to be transported by the facility at discharge."</p> <p>R3's Social Service note, dated 12/19/18, documents, "R3 would need to be transported by the facility at discharge."</p> <p>R3's Nurse's notes, dated 1/18/19 at 10:36 a.m., document, "Physician rounding today: new orders R3 may discharge home with current medications and therapy services."</p> <p>R3's MDS (Minimum Data Set), dated 3/30/19, documents in Section C Cognitive Patterns that R3 has a BIMS (Brief Interview for Mental Status) score of 15 (cognitively intact), and in Section Q Participation in Assessment and Goal Setting that R3 expects to be discharged to the community but no active discharge plan is in place.</p> <p>R3's Care plan, dated 4/12/19, documents, "R3 would like to discharge to home with Home Health services. R3 previously lived in a home with his girlfriend. R3 uses oxygen, Bi-Pap, Nebulizer, and is diabetic. R3 self-reports he has oxygen concentrator, Bi-Pap, Bariatric Walker, Cane, and Life Alert already in place at home. R3</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005490	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/01/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS AT LINCOLN	STREET ADDRESS, CITY, STATE, ZIP CODE 2202 NORTH KICKAPOO STREET LINCOLN, IL 62656
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 7</p> <p>had skilled Nursing two times a week and a home health Aide six hours a week through Home health."</p> <p>A facility Concern form dated 4/18/19 and signed by V1 (Administrator), documents, "R3 came to express concerns about his significant other declining. R3 stated that she was not doing well, but said she was fighting and that they (R3 and significant other) wanted to be together."</p> <p>R3's Social Service Note, dated 4/19/19 at 5:00 p.m., documents, "R3 left the facility AMA (Against Medical Advice). R3 had discharge orders in place, home health setup, but resident did not have a ride home. R3 asked a family member in the facility to take him home; R3 did wait for oxygen to come from local oxygen company. R3 did not agree to sign the AMA form before exiting the facility."</p> <p>R3's Nurse's notes, dated 4/19/19 at 5:39 p.m., document, "R3 discharged home AMA at 5:00 p.m. R3 left with his own oxygen. R3 left with a wheel chair. It is unknown who the wheel chair belongs to. No medication was sent with R3."</p> <p>R3's current medical record has no documentation of a discharge summary that was sent with R3 upon discharge.</p> <p>On 4/23/19 at 10:15 a.m., R3 stated, "I was given a release from the doctor to go home back in January, however the facility kept telling me I needed more therapy. I stayed but I didn't want to. Then, about three weeks ago I got a call that I needed to get home because my girlfriend wasn't doing well, and they didn't think she would live that long. So, I told V1 she needed to help me get this set up for me to go home. V1 told me she</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005490	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/01/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS AT LINCOLN	STREET ADDRESS, CITY, STATE, ZIP CODE 2202 NORTH KICKAPOO STREET LINCOLN, IL 62656
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 8</p> <p>would help me with home health services, oxygen, a wheel chair, and a ride home in the facility van. Then, nothing was happening they kept putting me off and kept putting me off not setting anything up for me to go home. Then all of a sudden, they told me they couldn't provide transportation when I went home. On 4/19/19 while I was in bible study I got a phone call saying that they thought my girlfriend only had 24-48 hours to live so I knew I had to leave that day. I spoke with V1 about it and she told me there was no way she could get everything ready for me even though she was supposed to be working on it the last three weeks. I'm a very religious man and I needed to be there for my girlfriend, so I started working on it myself. Another resident's husband offered to give me a ride home, so the facility no longer had to worry about transport. However, the facility said if I left with this gentleman then I would have to sign out AMA (Against Medical Advice) because they could only release me to a family member. I don't need a family member I have my mind and make all my decisions. The next problem was getting oxygen. The facility kept telling me they wouldn't have oxygen in time. So, I asked them if I could take a portable tank for the drive and the gentleman would bring the tank back since his wife is a resident. Again, they told me no. The facility also never had a wheel chair for me. I got lucky though and a resident here who no longer needed his wheel chair donated his wheel chair to me. Right before I was getting to leave the oxygen company showed up with my portable oxygen, so I was able to leave. The gentleman was still willing to give me a ride, so I had to sign AMA papers because my family didn't come to pick me up, and the facility wasn't going to help with my transportation." R3 paused and got silent. Then, R3 started crying and stated, "I was praying I</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005490	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/01/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS AT LINCOLN	STREET ADDRESS, CITY, STATE, ZIP CODE 2202 NORTH KICKAPOO STREET LINCOLN, IL 62656
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 9</p> <p>would get to my girlfriend in time. She needed me there during this time." R3 began crying again and was unable to speak. Then, R3 stated, "She passed away 40 minutes prior to me arriving. We are both very religious and I know she is in a better place, but I'm heartbroken I couldn't be there with her all because of the facility. I'm struggling dealing with this. I've been very depressed. It's been so hard on me. I've been home about a week now and the facility never did set up home health for me."</p> <p>On 4/23/19 at 9:00 a.m., V20 (Social Services Director) stated, "About a week ago, R3 wanted to leave but since he didn't have transportation we didn't feel safe with letting him discharge to home. I was aware when I took over that he had an order to go home in January."</p> <p>On 4/23/19 at 11:30 a.m., V8 (APRN Advance Practice Registered Nurse) stated, "I'm not sure what happened with a discharge order back in January. I feel like with home health assistance he would have been ok with going home. I thought he was set up to go home last Thursday (4/18/19) or Friday (4/19/19)."</p> <p>On 4/29/19 at 11:23 am, was verified that the facility did not send any medications with him when he went home on 4/19/19 and that he did not get a list of medications to know what he needed to try to get from a pharmacy. R3 stated "I am totally out of several medications and can't get some of them refilled because they paid for the medications that were left at the facility. I don't know why they (the facility) can't give me my medications."</p> <p>On 4/24/19 at 1:20 p.m. V1 stated, "No documentation including medication prescriptions</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005490	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/01/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GENERATIONS AT LINCOLN	STREET ADDRESS, CITY, STATE, ZIP CODE 2202 NORTH KICKAPOO STREET LINCOLN, IL 62656
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 10</p> <p>were sent with R3 nor were any medications sent with him. He received his oxygen prior to leaving, but he didn't have a wheel chair or home health services set up. We told him he couldn't leave without a proper wheel chair. On 4/19/19 he insisted on leaving that day and he didn't have family to transport him, so he had to sign AMA papers if he wanted to leave. We were aware from admission that he planned to discharge home."</p> <p>On 4/29/19 at 1:11 p.m., V26 (R3's Physician) stated it was important for R3 to get his medications. V26 also stated he would have liked the facility to have sent R3's medications with him. V26 also verified that he did give an order for R3 to discharge home with medication in January of 2019.</p> <p>The facility's Discharge Summary Policy, dated 4/24/19, documents, "A discharge summary shall be prepared for each resident discharged from our facility. When the facility anticipates a resident's discharge to a private resident or to another nursing care facility (i.e. skilled, intermediate care, etc.) a discharge summary will be developed which will assist the resident to adjust to his or her new living environment."</p> <p>(B)</p>	S9999		
-------	---	-------	--	--